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**APPLICANTS**

Diya B. Obeid, New York, NY;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/418,142 04/18/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*\* SMALL ENTITY \*\***

01/03/2004

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	STATE OR COUNTRY NY	SHEETS DRAWINGS 6	TOTAL CLAIMS 284	INDEPENDENT CLAIMS 9
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Verified and Acknowledged	/JONATHAN P OUELLETTE/ Examiner's Signature	<input type="checkbox"/> Met after Allowance JO Initials			

**ADDRESS**

Kenneth P. Waszkiewicz  
 Attorney at Law  
 29 Murray Avenue  
 Annapolis, MD 21401  
 UNITED STATES

**TITLE**

Recruitment vendor management system and method

<b>FILING FEE RECEIVED</b> 3084	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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